

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 891670913		FILING DATE 9/29/00		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2				1			52				
3				1			53				
4				1			54				
5				4			55				
6				4			56				
7				4			57				
8				4			58				
9				4			59				
10				4			60				
11				4			61				
12				4			62				
13				4			63				
14				4			64				
15				4			65				
16				4			66				
17				2			67				
18				2			68				
19				2			69				
20				2			70				
21				3			71				
22				4			72				
23				4			73				
24				4			74				
25				4			75				
26				4			76				
27				4			77				
28				4			78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1				TOTAL IND.				
TOTAL DEP.	62		90				TOTAL DEP.				
TOTAL CLAIMS	63		91				TOTAL CLAIMS				